

EXHIBIT 207

EXPERT REPORT AND DECLARATION OF
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JUUL Litigation

SAN FRANCISCO UNIFIED SCHOOL DISTRICT

January 28, 2022

HIGHLY CONFIDENTIAL

Bonnie Halpern-Felscher

- The JUUL was sleek and easy to conceal.
- The JUUL had a party mode.
- Adolescents and young adults use JUUL because of its product features and JLI's marketing of those features.

D. JLI Caused or Substantially Contributed to Cause A Youth Vaping Epidemic and Increased Youth Nicotine Addiction, both Nationally and in the SFUSD and Adjacent Counties

- JLI has put in jeopardy years of progress in mitigating youth use of tobacco products.
- Adolescents' use of cigarettes has decreased over the past two decades, and that decrease is not due to e-cigarettes.
- Adolescents are not interested in using conventional cigarettes and have less favorable attitudes towards conventional cigarettes.
- While youth e-cigarette use had increased before JUUL's launch, after and as a result of JLI's actions, youth e-cigarette use reached epidemic levels.
- Adolescents are initiating tobacco use through e-cigarettes, not cigarettes.
- Adolescents harbor misperceptions about e-cigarettes, including JUUL.
- JUUL is the most popular, well known and used e-cigarette product amongst adolescents and young adults.
- Adolescents and young adults used JUUL more often and more regularly than other e-cigarettes.
- JLI says it focused on young adult smokers, but young adult and adult smoking rates were very low. Further, the groups JLI was actually targeting most were the least likely to be smoking conventional cigarettes.
- Adults are not using e-cigarettes nearly as much as adolescents and young adults.
- The smoking cessation efficacy and youth studies JUUL published and used in its lobbying efforts are not credible and do not disprove the body of research regarding JUUL's role in the youth vaping epidemic.

E. JLI Did Not Act Reasonably in Failing to Have Adequate Youth Prevention Measures or Education Programs in Place.

- The "three pillar plan" JLI submitted in its PMTA could and should have been instituted at the time of launch.
- Measures that JLI did take were flawed, or too late, and its school prevention program was inappropriate.

F. The Severity and Pervasiveness of the Epidemic of Youth E-Cigarette Use that JLI Created Will Require Comprehensive, Multi-Pronged, and Sustained Resources to Mitigate and Reduce Youth Use and Corresponding Harms to San Francisco Unified School District.

- Need for school staff to supervise and educate youth.
- Need for monitoring, detection, and deterrence.
- Need for school-based tobacco education, prevention, and cessation programs

IV. Background – San Francisco Unified School District

Before discussing my opinions, I will provide some background information on San Francisco Unified School District (“SFUSD” or the “District”), including number of schools, demographics, locations, tobacco-related policies, and tobacco education and prevention programs.

SFUSD is the only public school district in the City, serving the City and County of San Francisco.⁸ SFUSD’s Board of Education consists of seven members elected at large. The Superintendent is appointed by the Board. SFUSD serves approximately 52,000 students in 107 schools.⁹ SFUSD has a diverse student population, with roughly 51% of SFUSD’s student population socioeconomically disadvantaged.¹⁰ The three largest ethnic groups are Asian (33%), Latino (28%), and White (15%).¹¹

SFUSD is an urban school district. Many of SFUSD’s buildings are next to or surrounded by neighborhoods or commercial buildings as well as retail outlets. SFUSD campuses are “open.” All of this results in unique challenges to SFUSD to appropriately supervise students, maintain the safety of its students as well as ensure safe and positive relationships with the neighboring community.

SFUSD has long-standing partnerships with local organizations concerning student substance education, support, and prevention. For example, SFUSD has collaborated for years with the University of California San Francisco (“UCSF”). That collaboration has

⁸ <https://www.sfusd.edu/about-sfusd>;
https://en.wikipedia.org/wiki/San_Francisco_Unified_School_District.

⁹ SFUSD Amended Plaintiff Fact Sheet (“PFS”).

¹⁰ <https://www.sfusd.edu/about-sfusd/facts-about-sfusd-glance>.

¹¹ <https://www.sfusd.edu/about-sfusd/facts-about-sfusd-glance>.

because, you know, we had spent years getting kids to stop smoking combustible cigarettes and then all of a sudden they're vaping and smoking Juuls."¹⁵³

Although through a device much different than the JUUL device, some type of vapor or electronic cigarette has been around for several years. There is some indication that an increase in vapor product use among students was observed by some SFUSD staff around 2013. But that was relatively low compared to more recent years and was likely a noticeable trend simply because tobacco and nicotine use was all but eliminated, so any new trend is going to get noticed. In her "corporate representative" deposition, SFUSD's Quarry Pak, who has been with SFUSD health education for almost 20 years,¹⁵⁴ stated that for 2014 and 2015, SFUSD had "little to none" or "very few" discipline incidents relating to student use of e-cigarettes.¹⁵⁵

YRBS results for SFUSD show an increase from 2017 to 2019 in the percentage of SFUSD students responding that they were current-users (use in the past 30 days) or ever-users of e-cigarettes, which corresponds with significant increases in JUUL sales.¹⁵⁶ From 2017 to 2019, the percent of SFUSD high school students reporting they had ever used an e-cigarette grew from 25% to 31.1%, and the percent that had used an e-cigarette in the past 30 days more than doubled from 7.1% to 16%.¹⁵⁷ If one were to take SFUSD's

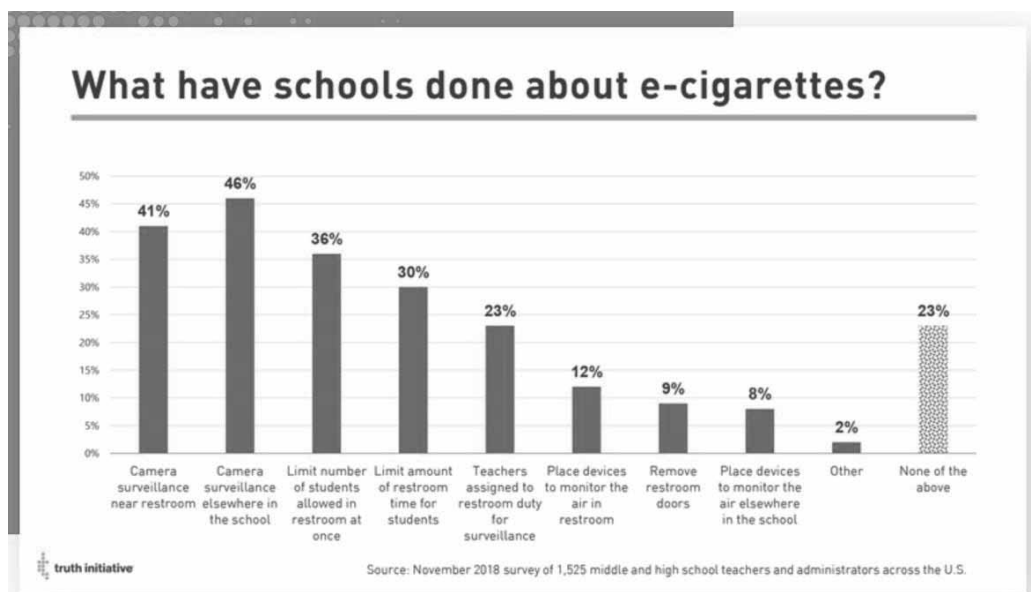
¹⁵³ See Erica Lingrell Deposition ("Lingrell Dep."), 142:5-11.

¹⁵⁴ Quarry Pak April 8 30(b)(6) Deposition ("Pak Apr. 8 30(b)(6) Dep."), Exhibit 2.

¹⁵⁵ Pak Oct. 7 30(b)(6) Dep., 125-26.

¹⁵⁶ SFUSD_000142; SFUSD_000162; SFUSD_000182; SFUSD_000202; *see also* SFUSD 2d Supp. Responses, No. 2. Ms. Lingrell was asked about a decrease in reported e-cigarette use in the YRBS from 2015 to 2017. Ms. Lingrell stated that "it looks like there was a positive trend and then students started using again... it may have been that, ...they were using and then Juul became popular and then they started smoking Juuls and that's where why you see the rise... I mean, you see the trend ... has a dip and then a rise. ... So, you know, they were using, then they were doing better with their use, and then they got addicted again, and probably because of Juul." Lingrell Dep., 129:7-130:3.

¹⁵⁷ SFUSD_000142; SFUSD_000182. Also notable is the 2.6% of SFUSD high school students that responded as having used an electronic vapor product on twenty or more of the past thirty days; *see also* SFUSD_001589 ("Vaping usage rates are on the rise!" Noting



A. Need for School Staff to Supervise and Educate Youth

Schools and students need administrators, educators, and school resource officers who can and will identify e-cigarettes and e-cigarette users. Schools also need educators who can deliver tobacco prevention education to schools, during physical education, health education, science, and other relevant classes.

However, educators often have misperceptions and limited knowledge about tobacco, including e-cigarettes, that limits their ability to teach their students about tobacco, or to supervise and monitor student use. A survey of educators and administrators showed that while they are aware of e-cigarette devices like JUUL, less than half could identify a JUUL as an e-cigarette.³⁴⁸

In order to have the most effective supervision and education, school staff should be trained to fully understand e-cigarettes – including what they look and smell like, their

³⁴⁸ Schillo, B. A., Cuccia, A. F., Patel, M., Simard, B., Donovan, E. M., Hair, E. C., & Vallone, D. (2020). JUUL in School: Teacher and Administrator Awareness and Policies of E-Cigarettes and JUUL in U.S. Middle and High Schools. *Health Promotion Practice*, 27(1), 20–24; <https://truthinitiative.org/research-resources/emerging-tobacco-products/how-are-schools-responding-juul-and-youth-e-cigarette>

health effects, and how and where youth use them – and to implement any tobacco prevention and control efforts in their schools.³⁴⁹ Such trainings are key given the fact that e-cigarettes are easy to hide,³⁵⁰ do not smell like traditional tobacco products, and are being used in sectors of the schools and buildings where youth and their e-cigarettes are harder to find. Educators also need training to use various school-based tobacco prevention, education, and cessation programs, as noted more below. Such educator trainings can be effective at increasing educators' confidence, as we demonstrated in a recent paper.³⁵¹

³⁴⁹ Center for Substance Abuse Prevention. (2001). Finding the balance: Program fidelity and adaptation in substance abuse. *Published online*. <https://www.csun.edu/sites/default/files/FindingBalance1.pdf>; Centers for Disease Control and Prevention. Best Practices for Comprehensive Tobacco Control Programs—2014. Atlanta (GA): US Department of Health and Human Services, CDC;2014.; 2017; Substance Abuse and Mental Health Services Administration. (2020). *Reducing Vaping Among Youth and Young Adults*. SAMHSA Publication No. PEP20-06-01-003. Rockville, MD: National Mental Health and Substance Use Policy Laboratory, Substance Abuse and Mental Health Services Administration. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP20-06-01-003_508.pdf. Tong A, Sainsbury P, Craig J. Consolidated criteria for reporting

³⁵⁰ McKelvey K, Baiocchi M, Halpern-Felsher B. Adolescents' and Young Adults' Use and Perceptions of Pod-Based Electronic Cigarettes. *JAMA Netw Open*. 2018;1(6):e183535. doi:10.1001/jamanetworkopen.2018.3535; McKelvey K, Halpern- Felsher B. How and Why California Young Adults Are Using Different Brands of Pod-Type Electronic Cigarettes in 2019: Implications for Researchers and Regulators. *J Adolesc Health*. 2020;67(1):46-52. doi:10.1016/j.jadohealth.2020.01.017; Kong G, BoldKW, Morean ME, et al. Appeal of JUUL among adolescents. *Drug Alcohol Depend*. 2019;205:107691. doi:10.1016/j.drugalcdep.2019.107691; Ramamurthi D, Chau C, Jackler RK. JUUL and other stealth vaporisers: hiding the habit from parents and teachers. *Tob Control*. Published online September 15, 2018. doi:10.1136/tobaccocontrol-2018-054455; Patel M, Czaplicki L, Perks SN, et al. Parents' Awareness and Perceptions of JUUL and Other E-Cigarettes. *Am J PrevMed*. 2019;57(5):695-699. doi:10.1016/j.amepre.2019.06.012; Wu, TS; Chaffee, BW.

Parental awareness of youth tobacco use and the role of household tobacco rules in use prevention. *Pediatrics*, 2020 11;146(5)

³⁵¹ Lazaro, A., Ceballos, R., Fischer, M., Smuin, S., Halpern-Felsher, B. A novel approach to training educators to conduct school-based adolescent e-cigarette education and prevention: Using Tobacco Prevention Toolkit. *Addictive Behaviors*.2021 Jul;118:106858. PMID: 33640832

B. Need for Monitoring, Detection, and Deterrence

Schools also need technology to help monitor, detect, and deter youth use of e-cigarettes on and around school campus and in the buses/routes to and from school. Of importance is technology, including cameras and other devices, such as vape detection technology, as appropriate, on school properties, including in parking lots, hallways, bathrooms, gymnasiums, and other locations. Installing and using vaping detection technology would be helpful in alerting school administrators when and where e-cigarette use is occurring on school campuses, as well as if the vaping detection device is being tampered with. Such technology allows for a more immediate monitoring, deterrence, and detection system. The exact location, number, and type of technology needed will depend on the size, location, and population of the school campus, as well as other factors such as the locations where vaping is taking place. Ideally, the appropriate suite of technology will alert school administration when someone is vaping or when the device is being tampered with. Such technology will need to be purchased, installed, maintained, and periodically repaired or replaced. Further, there will need to be at least one school staff member who can be in charge of maintenance, monitoring, and acting on anything needed related to these devices.

The use of cameras and other technology in schools to keep students safe and to reduce vaping is common. According to recent data from the National Center for Education Statistics, 93.6% of high schools, 91.5% of middle schools, and 77.9% of elementary schools have security cameras.³⁵² Data from 2019, collected by the Truth Initiative, show that 41% of schools installed cameras around the bathrooms and 46%

³⁵² U.S. Department of Education, National Center for Education Statistics.(2021). *Report on Indicators of School Crime and Safety: 2020* (NCES 2021- 092), Safety and Security Practices at Public Schools.

installed security cameras in other areas of the campus in order to monitor and respond to the e-cigarette epidemic.³⁵³

SFUSD witnesses have identified a host of things that might help SFUSD address the e-cigarette epidemic, including increased student, parent, staff, and community awareness and education; additional security guards; additional prevention technology such as vaping detectors and cameras; educating local retailers; installing signs in schools and nearby parks; tobacco cessation programming; and evidence-based prevention programming.³⁵⁴ A repeated issue is time and/or additional staff. Ms. Lingrell said that when talking to student-facing staff about they need to improve prevention education, the response is time: "They need time in terms of just staff members," such as "having an extra security staff member, an extra nurse, an extra someone who can – who can manage all the problems that are coming up."³⁵⁵ As discussed above, SFUSD's focus on a multifaceted approach to restorative student support requires extensive resources.

C. Need for School-based Tobacco Education, Prevention, and Cessation Programs.

Youth tobacco prevention programs are often centered in schools, which are a promising venue for preventive efforts both because youth spend a significant amount of time in school, and because schools are a major socializing institution for youth.³⁵⁶ Further, school-based interventions aimed either at tobacco prevention, secondary prevention (preventing continued or escalating use), or cessation are particularly

³⁵³ <https://truthinitiative.org/research-resources/emerging-tobacco-products/how-are-schools-responding-juul-and-youth-e-cigarette>

³⁵⁴ Pak May 27 30(b)(6) Dep., 78-79, 133-34; Pak Oct. 15 30(b)(6) Dep., 383, 387-89, 393-96, 399, 401-402, 408-09; Lingrell Dep., 171:10-13.

³⁵⁵ Lingrell Dep., 169-170.

³⁵⁶ Comer JP. Educating Poor Minority Children. *Scientific American*. 1988;259(5):42-48; Flay BR, Collins LM. Historical Review of School-Based Randomized Trials for Evaluating Problem Behavior Prevention Programs. *The ANNALS of the American Academy of Political and Social Science*. 2005;599(1):115-146. doi:10.1177/0002716205274941; Trickett EJ, Moos RH. Social environment of junior high and high school classrooms. *Journal of Educational Psychology*. 1973;65(1):93-102. doi:10.1037/h0034823

appealing because they reach a captive audience.³⁵⁷ The U.S. Centers for Disease Control and Prevention Best Practices Guidelines for Tobacco Control³⁵⁸ and a 2007 Institute of Medicine committee report for which I was a committee member recommend school-based tobacco prevention as one element of a comprehensive tobacco-control program.³⁵⁹

Schools and classrooms are particularly great settings for delivering tobacco prevention efforts because a large part of adolescents' social lives take place and revolve around a school setting with their peers.³⁶⁰ These school-based tobacco prevention curricula can build both self-efficacy and collective efficacy at the same time, with efficacy being defined as the personal belief and confidence of achieving a certain behavior change.³⁶¹ The most effective programs focus on refusal skills and addressing social influences, including social media and advertising, in addition to providing information

³⁵⁷ Wiehe SE, Garrison MM, Christakis DA, Ebel BE, Rivara FP. A systematic review of school-based smoking prevention trials with long-term follow-up. *Journal of Adolescent Health*. 2005;36(3):162-169. doi:10.1016/j.jadohealth.2004.12.003

³⁵⁸ Centers for Disease Control & Prevention. Best practices for comprehensive tobacco control programs—August 1999. *Atlanta, Georgia: US Department of Health and Human Services, Centers for Disease Control and Prevention, Office on Smoking and Health*. Published online 1999.

³⁵⁹ Bonnie R, Stratton K, Wallace R. Ending the tobacco problem: a blueprint for the nation. 2007. *Committee on Reducing Tobacco Use: Strategies, Barriers, and Consequences*.

³⁶⁰ Flay BR, Collins LM. Historical Review of School-Based Randomized Trials for Evaluating Problem Behavior Prevention Programs. *Ann Am Acad Pol Soc Sci*. 2005;599(1):115-146. doi:10.1177/0002716205274941; Wiehe SE, Garrison MM, Christakis DA, Ebel BE, Rivara FP. A systematic review of school-based smoking prevention trials with long-term follow-up. *J Adolesc Heal*. 2005;36(3):162-169. doi:10.1016/j.jadohealth.2004.12.003; Cuijpers P. Effective ingredients of school-based drug prevention programs: A systematic review. In: *Addictive Behaviors*. Vol 27. ; 2002:1009-1023. doi:10.1016/S0306-4603(02)00295-2

³⁶¹ Burke NJ, Bird JA, Clark MA, et al. Social and Cultural Meanings of Self-Efficacy. *Heal Educ Behav*. 2009;36(5_suppl):111S-128S. doi:10.1177/1090198109338916; BANDURA A. SOCIAL COGNITIVE THEORY OF MASS COMMUNICATION. January 2009:110-140. doi:10.4324/9780203877111-12

about health harms are effective in reducing youth tobacco use.³⁶² By teaching refusal skills in a classroom group setting, these prevention programs are helping adolescents build personal confidence in having the ability to make their own choices around using tobacco products, as well as a sense of collective confidence in learning these refusal skills alongside their peers.

There are particular components of school-based tobacco prevention programs that are particularly effective, such as having interactive curricula, refusal skills activities, and content addressing health effects and industry marketing.³⁶³ These components, if applied together in prevention curricula, may lead to decreases in adolescents' intentions to use and actual use of tobacco products.

Also critical are programs focused on secondary prevention. These are programs for youth caught vaping on school grounds, for students who have initiated with e-cigarettes

³⁶² Thomas RE, McLellan J, Perera R. Effectiveness of school-based smoking prevention curricula: systematic review and meta-analysis. *BMJ Open*. 2015;5(3):e006976. doi:10.1136/bmjopen-2014-006976; Lantz PM, Jacobson PD, Warner KE, et al. Investing in youth tobacco control: a review of smoking prevention and control strategies. *Tobacco Control*. 2000;9(1):47–63; Peirson L, Ali MU, Kenny M, Raina P, Sherifali D. Interventions for prevention and treatment of tobacco smoking in school-aged children and adolescents: a systematic review and meta-analysis. *Preventive Medicine*. 2016;85:20–31; La Torre G, Chiaradia G, Ricciardi G. School-based smoking prevention in children and adolescents: review of the scientific literature. *Journal of Public Health*. 2005;13(6):285–290; Liu J, Gaiha SM, Halpern-Felsher BL. Breath of Knowledge: Overview of Current Adolescent E-cigarette Prevention and Cessation Programs. *Addiction Reports*. Kelder SH, Mantey DS, Van Dusen D, Case K, Haas A, Springer AE. A Middle School Program to Prevent E-Cigarette Use: A Pilot Study of "CATCH My Breath." *Public Health Reports*. 2020;135(2):220–229.

³⁶³ Liu J, Halpern-Felsher B. The Juul Curriculum Is Not the Jewel of Tobacco Prevention Education. *J Adolesc Health*. 2018;63(5):527-528. doi:10.1016/j.jadohealth.2018.08.005; Mathur Gaiha S, Duemler A, Silverwood L, Razo A, Halpern-Felsher B, Walley SC. School-based e-cigarette education in Alabama: Impact on knowledge of e-cigarettes, perceptions and intent to try. *Addict Behav*. June 2020:106519. doi:10.1016/j.addbeh.2020.106519

but who are not necessarily addicted (yet), and/or for students who self-identify as wanting to move towards quitting.

Some schools suspend students who are caught using tobacco at school. Suspending students for drug use on school campuses is based in Zero Tolerance Policies. These policies have their origins in (a) the 1986 Anti-Drug Abuse Act that was in response to the War on Drugs, and provided mandatory minimum sentences for drug offenders; and (b) the 1994 Gun-Free Schools Act, which states that students must be expelled for bringing firearms to school. These suspensions often became punitive rather than rehabilitative and were originally intended as a response to serious offenses to ensure safe and healthy schools. However, suspension policies became applied more broadly to include minor offenses such as tobacco use. Studies shows that suspending a student does not necessarily rehabilitate or support students to change their behavior, are not effective, and can be associated with more drug use, more disciplinary actions, more delinquency, and lower academic achievement.³⁶⁴ A meta-analysis of studies regarding school suspension programs actually found that suspension programs are inversely associated with achievement and positively associated with dropout.³⁶⁵ Research has also found that suspension as a form of discipline can widen racial disparities within schools.³⁶⁶

³⁶⁴ <https://www.sharedjustice.org/most-recent/2017/12/21/zero-tolerance-policies-and-the-school-to-prison-pipeline>; <https://supportiveschooldiscipline.org/zero-tolerance-policy>; <https://truthinitiative.org/research-resources/emerging-tobacco-products/discipline-not-answer>; Rosenbaum, JE., Educational and criminal justice outcomes 12 years after school suspension. *Youth Soc.*, 2020, 52(4), 515-547; Okonofua, JA., Eberhardt, JL., Two Strikes: Race and the Disciplining of Young Students. *Psychological Science*, 2015, Vol. 26(5) 617–624

³⁶⁵ Noltemeyer AL, Ward RM. Relationship Between School Suspensions and Student Outcomes: A Meta-Analysis Suspensions and Academic Performance. *School Psych Rev.* 2015;44(2):224-240.

³⁶⁶ Welsh RO, Little S. Caste and control in schools: A systematic review of the pathways, rates and correlates of exclusion due to school discipline. *Child Youth Serv Rev.* 2018;94:315-339. doi:<https://doi.org/10.1016/j.childyouth.2018.09.031>; Okonofua JA, Eberhardt JL. Two Strikes: Race and the Disciplining of Young Students. *Psychol Sci.* 2015;26(5):617-624. doi:10.1177/0956797615570365

As such, Alternative-to-Suspension programs are increasingly being used in school settings to address e-cigarette use among adolescents in a more supportive way, rather than through punishment. Ideally, Alternative-to-Suspension Programs then lead students to more formal cessation programs, including linking students to healthcare providers who can provide them with necessary therapy, pharmacological treatments (e.g., nicotine replacement therapy), and other supports as needed.

Alternative-to-Suspension programs, however, take more time and resources to implement, including additional teacher training, time for teachers to implement a program, and ideally time to follow-up with students to ensure they are remaining e-cigarette free.

In addition to the importance of effective e-cigarette prevention programs, evidence-based e-cigarette cessation programs are needed to help adolescents who are already using, and especially for students who are experiencing nicotine dependence.³⁶⁷ There are few validated and effective treatment or cessation programs for adolescents experiencing nicotine dependence or addiction to e-cigarettes. Nicotine is highly addictive, and there is a gap in availability of resources and tools for adolescents who are motivated to quit in a supportive way, as well as for those experiencing difficulties to quit. The scientific literature is currently lacking in studies on nicotine replacement therapies for adolescents, and there are only a few studies on cognitive behavioral therapy and other therapies for adolescent treatment.³⁶⁸

Text messaging and other online chat based cessation platforms are becoming increasingly popular; however, additional research still needs to be done on the efficacy of

³⁶⁷ Smith TT, Nahhas GJ, Carpenter MJ, et al. Intention to Quit Vaping Among United States Adolescents. *JAMA Pediatr.* August 2020. doi:10.1001/jamapediatrics.2020.2348

³⁶⁸ Fanshawe TR, Halliwell W, Lindson N, Aveyard P, Livingstone-Banks J, Hartmann-Boyce J. Tobacco cessation interventions for young people. *Cochrane Database Syst Rev.* 2017;2017(11). doi:10.1002/14651858.CD003289.pub; Curry SJ, Mermelstein RJ, Sporer AK. Therapy for Specific Problems: Youth Tobacco Cessation. *Annu Rev Psychol.* 2009;60(1):229-255. doi:10.1146/annurev.psych.60.110707.163659

this form of text-based counseling and intervention.³⁶⁹ Although there is a lack of e-cigarette treatment programs for adolescents, addressing nicotine addiction early is important in the prevention of turning adolescent e-cigarette use into later combustible cigarette use, as well as preventing occasional adolescent users from becoming more regular users.

Schools need a cadre of tobacco education and cessation programs that they can easily access, learn to use, and use with their students. Ultimately, the resources schools need to prevent, reduce, and stop the youth vaping epidemic will vary per school and will depend on factors such as size of the school, student body, location of the school, number and size of school buildings, classrooms and other facilities, training of the staff, and current technologies available.

XI. In Summary

In summary, there is incontrovertible data that (1) conventional cigarette use was reaching the lowest levels in history, especially among adolescents and young adults; and (2) yet adolescents are using JUUL at alarming rates. E-cigarette and JUUL use is not responsible for the decline in cigarette use. Instead, there is clear evidence that today's youth have little desire to use cigarettes, are aware of their harms, and believe them to be wrong and socially undesirable.³⁷⁰ In contrast, youth who use e-cigarettes are four times more likely to use cigarettes.³⁷¹ Further, e-cigarettes alone are harmful, causing harm to

³⁶⁹ Calabro KS, Khalil GE, Chen M, Perry CL, Prokhorov A V. Pilot study to inform young adults about the risks of electronic cigarettes through text messaging. *Addict Behav Reports*. 2019;10. doi:10.1016/j.abrep.2019.100224; Graham R, Kahn N. *Promoting Positive Adolescent Health Behaviors and Outcomes: Thriving in the 21st Century*. The National Academies Press; 2020. doi:10.17226/25552

³⁷⁰ McKelvey, K. & Halpern-Felsher, BL. Adolescent cigarette-smoking perceptions and behavior: Tobacco control gains and gaps amidst the rapidly expanding tobacco market 2001-2015. *Journal of Adolescent Health*. 2017 Feb;60(2):226-228. PMID: 27939880.

³⁷¹ Soneji S, Barrington-Trimis JL, Wills TA, et al. Association between initial use of e-cigarettes and subsequent cigarette smoking among adolescents and young adults: a systematic review and meta-analysis. *JAMA pediatrics*. 2017;171(8):788-797